

OPERATIONAL STATEMENT

THIS FORM TO REMAIN ON FILE WITH MADERA COUNTY ENGINEERING DEPT.

Owner's Name: _____ Building Permit No.: _____

Owner's Mailing Address: _____ A.P.N.: _____

Date: _____

Site Address: _____

Occ. Class: _____ Occ. Load: _____ Const. Type: _____

(Please specify type of operation or business, daily functions and activities, number of employees, quantities and types of materials to be stored and used, expected hours of operations, sleeping or living area, etc).

I hereby certify the above to be true and correct to the best of my knowledge. I understand that I may be required to periodically update this form upon written request from Madera County.

I acknowledge and understand that any changes from that which is approved may require additional requirements such as additional parking, accessibility by disabled persons, sanitary facilities, exiting and structural changes to the building. I further understand that any deviation from, or operations not consistent with the above certification will result in a Notice of Violation being recorded, and possible revocation of Planning approval, (i.e. CUP, zoning permit, etc).

DATE: _____

(Signature of Owner)

If you have any questions regarding this form, please call the Engineering Department at 675-7817. Thank You.